

CORRESPONDENCE.

Foreign Bodies in the Auditory Canal.

ALBION, MICH., Dec. 14, 1896.

To the Editor:—Mary B., aged 5 years, of German parentage, was brought to my office by her father recently. He gave a history that the child had complained for several months of ear trouble, and especially of the left ear, and at times suffered with ear ache. An examination with speculum and reflected artificial light, revealed what was first supposed to be hardened cerumen. Copious syringing and douching failed to dislodge it and a closer examination and contact of the substance with the ear spoon disclosed a hard, smooth surface, and the conclusion was reached that a foreign body had become impacted. The surfaces were so smooth the forceps could not maintain their purchase, the parts so tender that a tenaculum was with difficulty passed behind and the body removed. It turned out to be a round, dark, smooth marble of the full diameter of the canal. Next to the tympanum was a small wad of newspaper. The right ear was next examined. This was found to be filled also; the forceps removed two paper wads, a small piece of chewing gum and a small sized pebble. The canals were considerably ulcerated and the tympana inflamed, but no evidence of perforation. It was a new experience to find the auditory canal a toy and plaything repository.

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Hydrophobia.

CHICAGO, Nov. 24, 1896.

To the Editor:—What can be done by the profession, the public, or the authorities to prevent hydrophobia?

Two cases of dog bite, one followed by rabies with fatal termination, that have come to my notice recently, have urged me to bring this subject before the medical profession. If these lines open up discussion and stimulate the readers to some activity in the matter, they will have fulfilled their mission.

For the history of the case of rabies I am indebted to Dr. J. Johnston Bell. On October 6 of this year the child of F. R., 19 months old, was severely bitten by a strange dog, while playing around its mother in a lot adjoining their home on N. Oakley avenue. Dr. Bell attended to the surgical treatment of the child. As the identity of the canine was not established and no mad dog was located by the police after diligent search, the Pasteur treatment was not suggested. The little one made a good recovery, although one cheek was torn through so as to expose the teeth. On Monday, November 16, six weeks after the bite, the child developed symptoms of hydrophobia and died early Wednesday morning, November 18. Dr. Bell was kind enough to call in Dr. Bruning and myself to see the case on Tuesday. After getting the history of this case, it occurred to me that I had attended a case of dog bite in the neighborhood at about the same time that this child was bitten. Reference to my books and personal inquiry developed the fact that on October 6 I had attended a child, aged 7 years, at N. Robey street and Clybourne avenue, within a few blocks from Dr. Bell's case. The description of the dog given by the parents of both children tallied. This and the coincidence of time urged us to insist upon the Pasteur treatment for my patient, to ward off if possible the dread disease. The parents, although very poor, consented to put their child under treatment with Dr. Lagorio at the Chicago Pasteur Institute.

Cases of this kind are not rare instances in large cities. The question then is, what can we do to prevent fatalities? I see no way, except to anticipate the worst and subject every case of dog bite to the Pasteur treatment, unless we have the dog and know him to be free from rabies. So far, so good, but the

treatment is not in reach of every one, because of the limited number of institutes and the expense of treatment. Dr. Lagorio has been conducting the Chicago Institute at his own expense for the past six years and has treated 532 patients up to October 1. Many of these patients were unable to pay, quite a number dishonest, so that his services were but poorly paid. He has, on several occasions, applied to the municipal and State authorities to assist him in his grand work, but without success. In view of the fact that hydrophobia is fatal in practically all cases, after symptoms develop, and since the Pasteur treatment is an absolute and safe preventive in all cases treated at once, it is the duty of the community to place this boon within the reach of all. If the State and municipal authorities can not be roused to do their duty, I would suggest the formation of a Pasteur society, a national society, with the aim of organizing and maintaining institutes in every State for the treatment of every case of dog bite sent by physicians. Enough fees could be collected to make the institutes self-sustaining or nearly so. While looking to the prevention of rabies, the dog, cat and other dangerous animals should not be lost sight of.

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An Explanation.

ST. PAUL, MINN., Dec. 14, 1896.

To the Editor:—Your columns are hardly the place for a literary controversy, but I can not refrain from sending a line in answer to the courteous (?) letter of Dr. B. H. Putnam in your last issue. If he will read my first letter he will see that I made no attempt to translate the Latin of Cordus' Epigram, but simply called the attention of "R. M. W.," who sought for information, to the fact that the lines he quoted were originally translated (by whom I do not know) from the Latin, as stated by me. My authority for this statement may be found in Baas's History of Medicine, page 369. The translation, although more liberal is also I think more poetical than that given by Dr. Putnam.

Yours truly, BURNSIDE FOSTER, M.D.

PUBLIC HEALTH.

Plea of Ignorance as to Infectious Diseases.—Dr. Woodforde, Medical Officer of Health for Berkshire, England, in *Public Health*, October, makes the following observations on this difficult subject: "During the period that the Act (of notification) has been in operation in the greater part of the district it has worked satisfactorily and with uniform smoothness so far as notification by the medical attendant is concerned, and the fears that were entertained by some of its operation involving such publicity as would often be likely to be injurious to the parties concerned has not been justified by the result, while the decrease in the mortality of some of the notifiable diseases has been very marked. The Act does not, however, as yet confer all the benefit on the community that it might do; first, because its adoption in any given district is optional, and secondly, because it is so drawn that the 'dual' notification for which it provides is practically a dead letter in the district, and I can not entertain a doubt but that a large proportion of mild attacks, where a doctor has been called in, are never notified at all, nor are the proper precautions taken to stop the spread of infection. This arises from the fact that, while the Act requires the head of the family or other responsible person to notify *as soon as he becomes aware* of the nature of the illness, it does not require him to take any steps to obtain such information, and the plea of ignorance is consequently set up with much success, when the case has not had medical attendance, as a bar to proceedings before the Justices for failure to notify. This difficulty would be removed if the Act was amended by